PLEASE TYP	E OR PRINT	Entered previous May Show
		M ves □ no
☐ Ms.	12	7,00
Mr. Artist.	JAMES	
Permanent Address	916 CAME	BERLY DR. (Last Name Last)
4412	Street	City
Zip	Area Code	
Temporary or		
Studio Addre	Street	City
	Tel. ()
Zip	Area Code	
If you do not	presently live in	one of the counties of the
Western Reser	rve, which count	y were you born in?
Collaborator		
Conaborator	(If Any)	
If May Show	entries are not ac	ccepted or not sold:
Artist wil	I pick up at Mus	eum.
☐ Museum s	should dispose o	f.
☐ Museum s	should ship to ar	tist C.O.D. at this address:
Special Instru	ctions	
		instructions or a drawing of

> DO NOT DETACH This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information

Signature.

REJECTED

REJECTED

DATE